

PATENT APPLICATION FEE DETERMINENT RECORD Effective October 1, 2000

Application or Docket Number

09/3/0508

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN	
<u> </u>			(Column 1)			(Column 2) NUMBER EXTRA			TYPE		OR	SMALL	ENTITY
F)R 		NUMBI	ER FILED		NUMBER	EXTRA		RATE	FEE]	RATE	FEE
BASIC FEE								1	041.50 ASS	1.38.5	<u>∑</u> µ⊃R		770
TOTAL CLAIMS			5) minus	20=	•			X\$ 9=		ÓВ	X\$18=	
INDEPENDENT CLAIMS			3	minus	3 =	•			X43		OR	×96=	
MULTIPLE DEPENDENT CLAIM PRESENT									14.5		OR	290=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	385	OR	TOTAL.	
CLAIMS AS AMENDED - PART II												OTHER	
			umn 1)_	• • •		Column 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REM A	AIMS AINING TER OMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	50	Minus	**	50	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	ACTATIO	3	Minus	MA	SENT CLAIM	=		х43=		OR	xg6 =	
\vdash	rinoi Phese	MIAIR	ON OF MI	JUI IPCE DEI	EINC	JENT COAIM			+145=		OR	:290	
								L	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									DON. FEE			~\$\frac{1}{2}	
AMENOMENT B		CL REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		50	Minut.	. 40	50	=		X\$ 9=	•	OR	X\$18=	
	Independent		3	Minus	***		-		x43		OR	x.86	
_	FIRST PRESE	MIATIC	ON OF MI	JETIPLE DEI	ENL	ENI CLAIM			145=		OR	290=	٠.
	~	-						L	TOTAL		OR	TOTAL	
		(Coli	<u></u>		(C	olumn 2)	(Column 3)	A	DOIT. FEE I		,	ADDIT. FEE	
AMENDMENT C		. CL REM. AF			PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7 7 2	RATE	ADDI- TIONAL FEE
	Total	٠		Minus	**		E .	ı	X\$ 9=		OR	X\$18=	_
	Independent	•	•	Minus	***		•		х Ч 3		OR	86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Vn.		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145		OR	+290	
	t the "Highest Nu	mber Pre	vlously Pa	M FOR IN THU	SPA	CE is less that	n 20. enter "20."	Ä.	TOTAL OOIT, FEE		OR ,	TOTAL DOIT, FEE	
	if the "Highest Nu The "Highest Num	mber Prev ber Prev	Mously Pa foucly Pali	us For IN THE d For (Total or	H SPV Indec	ICE is less that endent) is the	n 3, enter "3." highest number		_	ropriate box	in col	umn 1.	